

# **Colorado Medical Assistance Program Department of Health Care Policy and Financing (DHCPF)**

**Health Care Claim Status Request and  
Response (276/277) Transactions  
Standard Companion Guide**

**Companion to Health Care Claim Status  
Request and Response  
ASC X12N 276/277 005010X212  
Implementation Guide**

**February 2018**

## **Disclosure Statement**

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## Preface

This Companion Guide to the Health Care Claim Status Request and Response (276/277) adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with the Colorado DHCPF. Transmissions based on this Companion Guide, used in tandem with the **ASC X12N 276/277 005010X212 Implementation Guide**, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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## 1. INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (DHHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into transaction partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard
- Add any data elements or segments to the maximum defined data set
- Use any code or data elements that are marked “not used” in the standard’s implementation specification or are not in the standard’s implementation specifications
- Change the meaning or intent of the standards implementation specifications

Effective January 1, 2013, health plans, covered entities and their business associates that engage in the exchange of claim status transaction are required by the Affordable Care Act (ACA) to comply with additional operating rule regulations for the 276/277 transactions. These operating rules are maintained by the Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE).

## SCOPE

The Companion Guide is to be used with, and to supplement the requirements in the HIPAA Accredited Standards Committee (ASC) X12 Implementation Guides and CORE Rules, without contradicting those requirements. Implementation Guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the Companion guide is to provide trading partners with a guide to communicate Colorado DHCPF specific information required to successfully exchange transactions.

The Companion Guide is intended for the business and technical users, within or on behalf of trading partners, responsible for the testing and setup of electronic claim status request and response transactions to Colorado DHCPF.

## OVERVIEW

This section of the Companion Guide will provide guidance for establishing a relationship with Colorado DHCPF for the business purpose of doing the electronic Health Care Claim Status Request and Response (276/277) transaction.

## REFERENCES

This section specifies additional on-line sources of helpful information related to electronic data interchange and X12 transactions.

Workgroup for Electronic Data Interchange (WEDI) – <http://www.wedi.org>  
United States Department of Health and Human Services (DHHS) – <http://aspe.hhs.gov/>  
Centers for Medicare and Medicaid Services (CMS) – <http://www.cms.gov>

Designated Standard Maintenance Organizations (DSMO) – <http://www.hipaa-dsmo.org/>  
National Council of Prescription Drug Programs (NCPDP) – <http://www.ncdp.org/>  
National Uniform Billing Committee (NUBC) – <http://www.nubc.org/>  
Accredited Standards Committee (ASC X12) – <http://www.x12.org/>  
Washington Publishing Company (WPC) at <http://wpc-edi.com/>

Affordable Care Act (ACA) Section 1104 information is at the Centers for Medicare & Medicaid Services (CMS) website. For information on ACA Administrative Simplification information follow this link: <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/index.html>

## **ADDITIONAL INFORMATION**

It is assumed that the trading partner has purchased and is familiar with the ASC X12 Type 3 Technical Report (TR3) being referenced in this Companion Guide. TR3s can be purchased from the ASC X12 store at <http://store.x12.org/store/>.

## **2. GETTING STARTED**

### **TRADING PARTNER REGISTRATION**

Any entity intending to exchange electronic transactions with Colorado DHCPF must agree to the Colorado DHCPF Trading Partner Agreement at the end of the Trading Partner Profile process. A Trading Partner Profile can be completed using the Colorado Medicaid Web Portal link at: <https://colorado-hcp-portal.xco.dcs-usps.com/hcp/provider>.

**NOTE:** *Providers must be enrolled and approved before registering as a Trading Partner.*

The Colorado Medicaid Web Portal will include the ability for file and report retrieval. Billing Agents and clearinghouses will have the option of retrieving the transaction responses and reports themselves and/or allowing each individual provider the option of retrieval. The trading partner will access the system using their assigned login and password. For information on the Colorado Medicaid Web Portal, go to: <https://colorado-hcp-portal.xco.dcs-usps.com/hcp/provider>.

### **CERTIFICATION AND TESTING OVERVIEW**

All covered entities who submit electronic transactions are required to certify. This includes Clearinghouses, Software Vendors, Provider Groups, and Managed Care Organizations (MCOs). If submitting electronic transactions through one of these agencies, the agency will certify on behalf of the covered entity. Otherwise, the covered entity will need to certify. If submitting electronic transactions through an MCO, information should be received from the MCO with certification requirements.

Results of the system's processing of electronic transactions are reviewed and communicated back via email. Once the test files all pass, a production ID and welcome letter will be sent confirming certification.

## **3. TESTING WITH THE PAYER**

This section contains a detailed description of the testing phase.

Testing is required for the Health Care Claims Status Request and Response (276/277).



Before exchanging production transactions with Colorado DHCPF, each trading partner must complete production authorization testing.

Trading partner testing includes HIPAA compliance testing as well as validating the use of conditional, optional, and mutually defined components of the transaction.

Colorado DHCPF recommends that trading partners submit three successful and unique submissions and receive the associated 999 (accepted) acknowledgement in response in order to obtain approval from Colorado DHCPF to promote to Production.

Trading Partner Authorization Testing is detailed in the Trading Partner Profile Testing Packet for ASC X12 transactions available on the Colorado DHCPF Training Portal (<http://lms.xco.dcs-usps.com/>) — click on the SFTP Portal link <https://colorado-fts.xco.dcs-usps.com/> page.

Questions may be directed to the EDI Helpdesk at 1 (844) 235-2387 or via the Contact Us link at the top of the Portal home page at: <https://colorado-hcp-portal.xco.dcs-usps.com/hcp/provider>.

#### **4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS**

##### **PASSWORDS**

Passwords are provided during initial enrollment and can be reset by contacting Provider Relations – Electronic Claims Submission (ECS) Department at 1 (844) 235-2387. These passwords may not be shared.

<https://www.colorado.gov/hcpf/edi-support>

#### **5. CONTACT INFORMATION**

##### **WORKING WITH COLORADO DHCPF**

Colorado DHCPF, in an effort to assist the community with their electronic data exchange needs, has the following options available for either contacting a help desk or referencing a website for further assistance:

For general information to go Colorado DHCPF Website: <https://www.colorado.gov/hcpf>

##### **EDI SERVICES**

For EDI support, please contact the Provider Services Call Center at: 1-844-235-2387.

Provider Services Call Center Hours of Operation:

7 a.m. – 5 p.m. MT Monday, Tuesday & Thursday  
10 a.m. – 5 p.m. MT Wednesday & Friday.

#### **6. OL SEGMENTS/ENVELOPES**

##### **ISA-IEA**

This section describes the use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters. (See Section 10 below, Transaction Specific Information)

## **GS-GE**

This section describes the use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how Colorado DHCPF expects functional groups to be sent and how Colorado DHCPF will send functional groups. These discussions will describe how similar transaction sets will be packaged and Colorado DHCPF use of functional group control numbers. (See Section 10 below, Transaction Specific Information)

## **ST-SE**

This section describes the use of transaction set control numbers. (See Section 10 below, Transaction Specific Information)

Transactions (ST-SE envelopes) are limited to a maximum of 5000 CLM segments.

## **7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS**

Payer specific business rule information regarding Colorado DHCPF can be found at the For Our Providers webpage on the Colorado DHCPF website, <http://www.colorado.gov/hcpf/our-providers>

Colorado DHCFP interChange will use, if supplied in the X212 Claim Inquiry, all of the following values in a search for claims:

- Billing provider ID
- Member ID
- Payer ID
- Dates of service
- Total billed amount (AMT02)
- Patient control number (patient account number)
- Institutional bill type
- Internal control number (ICN)

The minimum values that must be present are:

- Billing provider ID
- Member ID
- Payer ID
- Dates of service

Colorado DHCFP strongly recommends that as many “possible values” be included to help narrow the number of matches in the search.

If there is not an exact match found for a claim identifier, the system will not return claims that closely match or are in the same date range.

If the AMT segment is submitted it will be used as one of the primary searches when selecting claims to include on the response. Only claims that have an exact dollar amount match will be returned.

Colorado DHCFP provides claim status information at the claim level for dental, institutional, and professional claims.

Colorado DHCPF requires the loop 2000D DMG segment. This segment is always required because the subscriber is always the patient.

Colorado DHCPF does not support the Dependent Loop since all interChange members can be uniquely identified at the Subscriber level (loop 2000D).

Colorado DHCPF does not support service line-specific status requests. When sent, this data will be ignored and the request will be processed using the claim level data.

Colorado DHCPF recommends that no more than 99 requests per batch transmission be made at one time for a variety of reasons. Processing of small batches is more efficient and submitters are less likely to receive rejections on smaller batch bundles. This is only a recommendation as there is no max limitation within the query code.

## **8. ACKNOWLEDGEMENTS AND/OR REPORTS**

The acknowledgement process will create the TA1 and 999 acknowledgement for the 270 transactions. No acknowledgements are expected for the 271 transactions.

## **9. TRADING PARTNER AGREEMENTS**

An Electronic Data Interchange (EDI) Trading Partner is defined as any Colorado DHCPF customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from, Colorado DHCPF.

Payers have EDI Trading Partner Agreements (TPA) that accompany the standard Implementation Guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

## **10. TRANSACTION SPECIFIC INFORMATION**

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Colorado DHCPF has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with Colorado DHCPF

In addition to the row for each segment, one or more additional rows are used to describe Colorado DHCPF usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

All Colorado DHCPF members are considered “subscribers” so they all have individual loops. See the Implementation Guide for additional information. Dependent loops for eligibility transactions will not be processed.

TPID –This is the number that is assigned to the provider/submitter to uniquely identify their electronic

transaction. This may also be referred to as the Electronic Claim Submission (ECS) number or Trading Partner ID.

### Health Care Claim Status Request (276)

Loop ID	Reference	Name	Codes	Notes/Comments
HEADER	ISA	Interchange Control Header		<p>The ISA is a fixed-length record with fixed-length elements.</p> <p>Colorado DHCPF constrains all inbound files to a single ISA segment for tracking and balancing.</p> <p><b>NOTE: Deviating from the standard ISA element sizes will cause the Interchange to be rejected.</b></p>
	ISA01	Authorization Information Qualifier	00	
	ISA02	Authorization Information		No data is expected in this data element
	ISA03	Security Information Qualifier	00	
	ISA04	Security Information		No data is expected in this data element
	ISA05	Interchange ID Qualifier	ZZ	
	ISA06	Interchange Sender ID		Enter the Trading Partner ID (TPID) assigned by the Colorado Medical Assistance Program
	ISA07	Interchange ID Qualifier	ZZ	
	ISA08	Interchange Receiver ID	COMEDASSIS TPROG	
	GS	Functional Group Header		
	GS02	Application Sender's Code		Enter the Trading Partner ID (TPID) assigned by the Colorado Medical Assistance Program
	GS03	Application Receiver's Code	COMEDASSIS TPROG	
	GS08	Version/Release/ Industry Identifier Code	005010X212	Standards Approved for Publication by ASC X12 Procedures Review Board
	ST	Transaction Set		

Loop ID	Reference	Name	Codes	Notes/Comments
		<b>Header</b>		
	ST03	Version, Release, or Industry Identifier	005010X212	
<b>2100A</b>	<b>NM1</b>	<b>Payer Name</b>		
	NM103	Payer Name	COLORADO MEDICAL ASSISTANCE PROGRAM	
	NM108	Identification Code Qualifier	PI	
	NM109	Payer Identifier	CO_TXIX	
<b>2100C</b>	<b>NM1</b>	<b>Provider Name</b>		
	NM108	Identification Code Qualifier	SV, XX	For Non-Healthcare Providers (Non-Covered Entities) enter the following value: SV  For Healthcare Providers (Covered Entities) enter the following value: XX
	NM109	Provider Identifier		For Non-Healthcare Providers (Non-Covered Entities) enter the following value: Enter the Colorado Medical Assistance Program Provider ID assigned  For Healthcare Providers (Covered Entities) enter the following value: Enter the National Provider ID
<b>2100D</b>	<b>NM1</b>	<b>Subscriber Name</b>		
	NM102	Entity Type Qualifier	1	
	NM108	Identification Code Qualifier	MI	
	NM109	Subscriber Identifier		Enter the Colorado Medical Assistance Program Client ID

### Health Care Claim Status Response (277)

Loop ID	Reference	Name	Codes	Notes/Comments
<b>HEADER</b>	<b>ISA</b>	<b>Interchange Control Header</b>		The ISA is a fixed-length record with fixed-length elements.  <b>NOTE: Deviating from the standard ISA element sizes will cause the Interchange to be rejected.</b>
	ISA06	Interchange Sender ID	COMEDASSIST PROG	
	ISA08	Interchange Receiver ID		The Trading Partner ID (TPID) assigned by the Colorado Medical Assistance Program will be sent.
	ISA11	Repetition Separator	^	Caret
	ISA16	Component Element Separator	:	Colon
	<b>GS</b>	<b>Functional Group Header</b>		
	GS02	Application Sender's Code	COMEDASSIST PROG	
	GS03	Application Receiver's Code		The Trading Partner ID (TPID) assigned by the Colorado Medical Assistance Program will be sent.
	GS08	Version/Release/ Industry Identifier Code	005010X212	Standards Approved for Publication by ASC X12 Procedures Review Board.
	<b>ST</b>	<b>Transaction Set Header</b>		
	ST03	Version, Release, or Industry Identifier	005010X212	
<b>2100A</b>	<b>NM1</b>	<b>Payer Name</b>		
	NM103	Payer Name	COLORADO MEDICAL ASSISTANCE PROGRAM	
	NM109	Payer Identifier	CO_TXIX	
<b>2100D</b>	<b>NM1</b>	<b>Subscriber Name</b>		
	NM109	Subscriber Identifier		The Colorado Medical Assistance Program Client ID will be sent.
<b>2200D</b>	<b>STC</b>	<b>Claim Level Status Information</b>		

Loop ID	Reference	Name	Codes	Notes/Comments
	STC01-1	Health Care Claim Status Category Code	F1, F2, P1, E0, E1	<p>Colorado Medical Assistance Program will use of the following codes:</p> <p>F1 – For claims that have a status of P (Pay)</p> <p>F2 – For claims that have a status of D (Deny)</p> <p>P1 – For claims that have a status of S (Suspend), R (Receive), or X (Super-Suspend)</p> <p>E0</p> <p>E1</p>

## **APPENDIX 1: Frequently Asked Questions**

Q1: Can I send each Health Care Claim Status Request and Response (276) transaction to Medicaid without selecting the transaction on my Trading Partner Agreement?

A1: No. All Trading Partners must have signed a Trading Partner Agreement and be set up for the transaction types agreed upon.



## APPENDIX 2: Change Summary

Date	Change	Responsible Party
March 2017	Original Document	EDI Department
3/31/2017	Added New EDI Service Telephone Number	EDI Helpdesk
8/1/2017	Rebranding to DXC Technology	DXC, formerly HPE
2/23/2018	Updated the notes/comments for 276/Header/ISA, the name for 277/2200D/STC, links in the various sections, and verbiage in the Certification and Testing Overview section.	EDI Department